NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES POLICY AND PROCEDURE DIRECTIVE

 SUBJECT:
 INPATIENT PSYCHIATRIC SERVICES

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 APPROVAL:
 Rosalyne Reynolds {s} , Agency Director

I. PURPOSE

The purpose of this policy is to provide a written description of the Northern Nevada Adult Mental Health Services (NNAMHS) plan for the delivery of inpatient psychiatric services so as to assure the comprehensive assessment of consumers.

II. POLICY

It is the policy of NNAMHS that the medical staff shall assume overall responsibility for the quality of medical care and professional services delivered at NNAMHS.

III. REFERENCES

- 1. NNAMHS Policy & Procedure Directive #NN-IM-MR-13 entitled, "Treatment Plan and Treatment Team."
- 2. NNAMHS Policy & Procedure Directive #NN-PC-AD-01entitled, "Admission Criteria."

- 3. NNAMHS Policy & Procedure Directive #NN-IM-MR-07 entitled, "Patient Transfers and Documentation COBRA."
- 4. NNAMHS Policy & Procedure Directive # NN-PC-AS-01 entitled, "Multidisciplinary Assessment."

IV. PROCEDURE

- The admitting psychiatrist shall be responsible to ascertain that the consumer meets the admission criteria for NNAMHS.
- 2. It shall be the responsibility of the admitting psychiatrist to triage those consumers more suitable for other facilities to the appropriate facility.
- Upon the arrival of life-threatening, severe medical or surgical emergency cases, the admitting psychiatrist shall immediately triage the consumer to the Emergency Department of a local acute care general hospital.
- 4. Consumers referred for evaluation by NNAMHS will be seen by a registered nurse in Admissions. The Nurse shall consult with the Officer of the Day or designee to receive an order for admission to NNAMHS or appropriate referral. The Nurse shall be responsible to ensure that the appropriate legal forms are present, completed, and signed. If the individual is not admitted to NNAMHS inpatient services or Psychiatric Observation Unit, they must be seen by the psychiatrist or resident psychiatrist under attending staff supervision for an "eyes on" evaluation.
- 5. The admitting psychiatrist shall provide sufficient orders on the Physician's Order Sheet, to care for the consumer until seen by the assigned attending psychiatrist.
 - a. There are no "routine lab studies" and each lab test must be ordered specifically. X-Ray and EKG requests must have clinical justifications entered in the medical record.
- 6. Consumers may be referred for care elsewhere upon the advice and at the direction of a physician only. Documentation shall include the reasons for referral

- by NNAMHS and the specific resources to which the consumer is referred. The admission/intake evaluation along with accompanying documents shall be given to Medical Records.
- 7. The attending or covering psychiatrist shall be responsible for review and acknowledgment of the following:
 - a. History and Physical Exam (to be provided by the Medical Clinic Physician).
 - b. To obtain appropriate laboratory tests, diagnostic procedures and specialty consultations as indicated for an adequate medical assessment. All medical, surgical, neurological and other specialty consultations shall be requested on the Consultation Request & Report Form (MR 116).
- 8. The attending or covering psychiatrist shall be responsible for the following:
 - a. If the consumer is hospitalized less than forty-eight (48) hours, a final progress note with hospital course and final diagnosis in DSM IV terminology (Axis I-V) will serve as the discharge summary.
 - b. Supervise and assume responsibility for the multi-disciplinary treatment team in the formulation and implementation of an individualized treatment plan on each consumer utilizing all assessments and consultations required.
 - c. Record pertinent and timely progress notes using approved hospital format.
 - (i) Progress notes shall include the following:
 - (1) Chronological documentation of the consumer's clinical course.
 - (2) Descriptions of each change in each of the consumer's conditions.
 - (3) Descriptions of the response of the consumer to treatment, the outcome of treatment, and the response of significant others to important intercurrent events.
 - (4) Documentation of implementation of the treatment plan.
 - (5) Documentation of all treatment rendered to the consumer.
 - (ii) All entries involving subjective interpretation of the consumer's progress should be supplemented with a description of the actual behavior

observed.

- (iii) Each Medical Record shall contain adequate documentation to justify the admission, to justify the diagnosis, and to justify the treatment given.
- (iv) Changes in diagnoses and treatment methods must be adequately documented and justified in ongoing progress notes.
- (v) Justification for continued hospitalization must be adequately documented in progress notes.